

Dr. Tiffany Binder and Dr. Paris Stevens Policies  
The Wellness Center  
870 S. Colorado Blvd, Glendale, CO 80246

**Booking in-office and phone appointments**  
(Pricing for any supplements or lab tests not included)

**Consultation:** \$35

- 30 minute appointment

**Initial Appointments (typically 90 minutes in length):**

- Dr. Binder: \$295.00
- Dr. Stevens: \$245.00

**Follow-Up Appointments:**

- Dr. Binder: \$40 per 15 minutes
- Dr. Stevens: \$30 per 15 minutes

**Appointments are charged based on actual time spent with the Doctors.**

If a 60 minute appointment is booked and only 30 minutes is used, 30 minutes will be charged.

If a 60 minute appointment is booked and 75 minutes is used, 75 minutes will be charged.

**Lab Tests:**

All lab tests recommend are the responsibility of the client and the results are sent directly to The Wellness Center. It is required that results are reviewed during an in-office or phone appointment. For existing clients, a 60 minute follow-up appointment is recommended to review test results. If you are a new client, an initial 90 minute appointment is recommended. This includes medical history review as well as test results and analysis.

**Supplements:**

Unopened supplements, may be returned within 30 days of purchase for a full refund.  
Opened supplements may only be returned within 30 days with the doctor's permission.  
Supplements that require refrigeration cannot be returned.

I have read and agree to the above policies for Dr. Tiffany Binder and Dr. Paris Stevens:

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

**How do you prefer to be reminded of appointments?**

Phone

Email

Text

## NATUROPATHIC DOCTOR DISCLOSURE STATEMENT

The nature of the services provided by our Naturopathic Doctors (ND) include but are not limited to weight loss, heart disease, diabetes, digestive issues, high blood pressure, hormonal imbalances (menopause, PMS, thyroid), food allergy testing, depression, anxiety and fatigue. Both Dr. Binder and Dr. Stevens are registered in Colorado.

Complaints regarding either ND must be submitted in writing to the Office of Naturopathic Doctor Registration.

To obtain a complaint form, contact the Division at (303) 894-7414 or find more information at:

[www.colorado.gov/pacific/dora/DPO\\_File\\_Complaint](http://www.colorado.gov/pacific/dora/DPO_File_Complaint).

Naturopathic Doctors are registered by the state to practice naturopathic medicine under the “Naturopathic Doctor Act”. They are not permitted to perform the following acts:

- Prescribe, dispense or administer any prescription medications or devices except:
  - Epinephrine for anaphylaxis,
  - Vitamins B6 and B12,
  - Barrier contraceptives (not including intrauterine devices),
  - Oxygen for emergency use, and
  - Vaccines in accordance with ACIP guidelines for patients who are at least eighteen years of age.
- Perform surgical procedures, including surgical procedures using a laser device.
- Use general or spinal anesthetics, other than topical and local anesthetics, including anesthetics with epinephrine.
- Administer ionizing radioactive substances for therapeutic purposes
- Treat a child who is less than two years old, unless:
  - This form is fully completed and signed
  - The most recent immunization schedule recommended by the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention in the federal Department of Health and Human Services is provided to the parent or legal guardian with this form,
  - The Naturopathic Doctor develops and executes a written collaborative agreement with a licensed physician who is a pediatrician or family physician
  - The Naturopathic Doctor provides a release of information to the parent or guardian requesting permission to exchange information and enter into a collaborative relationship with the child’s licensed pediatric health care provider, if the child has one.
- Treat a child who is two years of age or older, but less than eight years of age, unless:
  - This form is fully completed and signed
  - The most recent immunization schedule recommended by the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention in the federal Department of Health and Human Services is provided to the parent or legal guardian with this form,
  - The Naturopathic Doctor provides a release of information to the parent or guardian requesting permission to exchange information and enter into a collaborative relationship with the child’s licensed pediatric health care provider, if the child has one.
- Practice medicine, surgery, or any other form of healing other than Naturopathic Medicine
- Practice obstetrics.
- Perform chiropractic services (spinal adjustments, manipulation, or mobilization). Naturopathic physical medicine, as described in 12-27.3-102(12)(b), C.R.S., is permitted
- Recommend the discontinuation of, or counsel against, a course of care, including a prescription drug that was recommended by another health care practitioner licensed in Colorado, unless the Naturopathic Doctor consults with the health care practitioner.

**Dr. Binder and Dr. Stevens' Disclosure Statement**

I, Dr. Tiffany Binder, am a Naturopathic Doctor registered under Title 12, Article 37.3, of the Colorado Revised Statutes.

I, Dr. Paris Stevens, am a Naturopathic Doctor registered under Title 12, Article 37.3, of the Colorado Revised Statutes.

I am not a medical doctor or a physician licensed under Title 12, Article 36, of the Colorado Revised Statutes.

I recommend that the patient named below have a relationship with a licensed physician, or if the patient is a child aged less than eight, with a licensed pediatric health care provider. If the patient is less than two and does not have a relationship with a licensed pediatric health care provider, I refer the patient to Partners in Pediatrics at 303-388-4256.

If the patient is a child aged less than eight, I have provided the immunization schedule that accompanies this form and I recommend that the child's parent or guardian follow the immunizations schedule that accompanies this form.

If the patient has a relationship with a licensed physician or pediatric health care provider, I will attempt to develop and maintain a collaborative relationship with the physician or pediatric health care provider. To permit this, the patient (or patient's parent/guardian if patient is a minor) will need to sign a separate release allowing me to exchange information with the licensed physician or pediatric health care provider.

Dr. Tiffany Binder

Date

Dr. Paris Stevens

Date

**Acknowledgement and Consent for Treatment** (to be completed by the adult patient, or parent/guardian if patient is a minor)

I, \_\_\_\_\_ (print adult patient's name, or if the patient is a minor, the parent or guardian name), acknowledge receipt of the above disclosure statement and give my informed consent for treatment for (circle one) myself or my child, \_\_\_\_\_ by the above-named Naturopathic Doctor.

The patient \_\_\_\_ does \_\_\_\_ does not have a relationship with a licensed physician or pediatric health care provider. Name, address, phone of licensed physician or pediatric health care provider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Patient/Parent or Guardian

Date